MHSOAC

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

COMMISSION MEETING MINUTES
Thursday, February 23, 2006

I. Call to Order

Chair Steinberg called the meeting to order at 10:10 a.m.

Chair Steinberg welcomed everyone to the February Mental Health Services Oversight and Accountability Commission.

II. Roll Call

Present were Commissioners Carmen Diaz, F. Jerome Doyle, Saul Feldman, Linford Gayle, Mary Hayashi, Patrick Henning, Karen Henry, Gary Jaeger, William Kolender, Kelvin Lee, Andrew Poat, Darlene Prettyman, Darrell Steinberg.

Absent at roll call were: Commissioners Wesley Chesbro and Mark Ridley-Thomas

Tricia Wynne represented Commissioner Lockyer

III. Welcome & purpose of Today's Session

Chair Steinberg introduced the new Executive Director, Jennifer Clancy. He noted that Ms. Clancy comes to MHSOAC with a rich history of advocacy in the mental health community and he is happy that she has agreed to take on this significant responsibility.

Chair Steinberg recognized Richard Van Horn's role as interim executive director over the past months. He has done an excellent job and he will have a continuing and very significant role with the Commission in the years to come. Chair Steinberg thanked Carol Hood for her attendance at today's meeting and Stephen Mayberg, who will be joining the meeting later.

Chair Steinberg said that today's meeting will focus on the relationship and role of law enforcement with the mental health community and the Mental Health Services Act. This subject creates a lot of strong opinions and strong feelings. There has been a lot of controversy and discussion about the Sacramento County Plan, and while it is appropriate to touch on this, it should not be the primary message here today, either as presenters or as members of the public who will be presenting testimony. We want to step back from any specific proposals which will be reviewed in due time and in the appropriate way. We want to have a broader discussion about the relationship of law enforcement with the Mental Health Services Act.

The agenda itself contains the questions that we as Commissioners want to see addressed over the course of the next two days. Those questions are: (1) What are the needs of mental health

consumers and their families when they are in a situation that involves law enforcement? (2) What are the needs of local enforcement when they are in a situation that involves mental health consumers and their families? (3) What is the proper role of local law enforcement in the transformation of the mental health system? (4) Are there mental health law enforcement program models in California and/or the nation that we would consider, or should consider transformative? If so, what are their characteristics, and most importantly, their program outcomes? What programs are diverting people from the criminal justice system into a better, more compassionate, more effective form of service and treatment?

In light of the above questions, what principles should guide the Commission's recommendations and decisions? What should guide the Commission's recommendations on the use of MHSA funding for law enforcement programs and activities? Hopefully, at the end of this two day session a consensus will be achieved within the community about what the principles ought to be.

IV. Commission Session on Decriminalization of Mental Illness

Presentations and Commission Discussion:

Commissioner Kolender
Commissioner Kolender said that law enforcement appreciates and thanks the Commission for the opportunity to make this presentation in order to give everyone an idea as to the role of law enforcement as it relates to mental health. Law enforcement is acutely aware of the partnerships that are needed among mental health providers, communities and families to ensure that the mentally ill will receive proper treatment and services that will not only help them with their illness, but will also reduce their recidivism in county jails. The primary goal is to divert the mentally ill from jails whenever possible to the proper treatment source.

Unfortunately, in a great many cases, law enforcement is the doorway that many of the mentally ill enter to receive mental health care. The California Sheriff's Association, of which Commissioner Kolender is President, was one of the original co-sponsors of the mental health legislation changes in the State of California in hopes of bridging the gap. Law enforcement recognizes the need for these partnerships with the mental health communities in order to be more effective and to attack this problem head on. It is a crisis that cannot be ignored or shouldered by only one provider. We need to work together as a team, or the crisis that we are facing today with mental health, will sadly continue.

Mr. Richard Van Horn
Prior to the enactment of the LPS Act there was minimal involvement with law enforcement. Prisoners who were perceived to be dangerous to themselves or others, or who were gravely disabled, were committed to one of several state hospitals for long periods of time with little thought concerning their eventual release. With the passage of LPS, the emptying of state hospitals began. The promise had been to provide community treatment as people were released. A great many of these patients were transferred into board and care homes.

Once LPS was in full effect hospital stays were limited to 72 hours of observation, followed by 14 days of treatment if warranted, and a second 14 available with Court certification. The majority of patients were out of the hospital and into either a board and care home or with their families within eight to fourteen days. Because hospitals seriously endeavored to save on hospital days, stays in local hospitals dropped to an average of six to eight days, and in many cases, people were not staying long enough to stabilize. Budget problems also encouraged shorter stays and tighter definitions of grave disability and dangerousness.

As hospital stays shortened and as budget problems worsened during the '80's, a significant increase in street homelessness and day time homelessness was seen. Those people in boarding care or rooming houses had nothing to do during the day but wander the shopping district or sit for hours over a cup of coffee in the local donut shop. Both groups on the streets most of the daylight hours became a nuisance to the local business community and residence of urban neighborhoods. The natural place for the citizenry to turn was to law enforcement. Whether the issue was vagrancy, quality of life crimes, public inebriation, urination, aggressive panhandling, or fear based on generalized stigma and suspicion of potential violence, police or sheriff's were asked to respond. With all this, including the reordering of fiscal priorities since realignment in 1991, the jail population of persons with mental illnesses has exploded.

With continuing budget shortfalls, the mental health system has become more and more dependent on law enforcement to fulfill custodial functions that never were, and never should have been part of its mission. In the last several years, since the passage of AB2034 and the development of street outreach to persons who are homeless or coming out of jail with a serious mental illness, a new model has been explored. In several counties and city jurisdictions, sheriffs and police have collaborated with mental health departments and community agencies to co-manage community nuisances and crises. In some cases it has meant training officers in non-violent crises intervention. In other cases it has been pairing a mental health worker with an officer, and there have been crisis intervention teams as in the model of the Memphis, Tennessee Police Department and this is in extensive use in Santa Clara County.

We now enter an era with new possibilities. The intention of Proposition 63, the Mental Health Services Act, is not to provide for involuntary treatment. The first responder's role is still a legitimate and required response of county sheriffs and city police departments. The goal of MHSA is to provide the kind and amount of outreach treatment that will radically decrease and gradually virtually eliminate dependence on law enforcement as the custodian of last resort. It may take up to six years for the MHSA to reach full implementation, so the question would be what is the reasonable response during this interim period.

There are several program options to explore and all should be considered. Two of the major options will be explored briefly this afternoon. Ann Sasaki-Madigan will present several successful programs based on the Psychiatric Emergency Review Team and Nancy Pena (phonetic) will present on Crisis Intervention Teams.

Mr. Van Horn said that when AB24 was begun the decision was made to focus on outcomes so the kinds of changes that were happening in people's lives would be known. The idea of the program was to do whatever it took to help people reclaim lives of meaning and purpose. The culture required for this was one of respect, hopefulness and equality, couched in collaborative relationships. The outreach for this program involved going out into the streets and into the jails to encourage people to try a new way and to trust that they would not be abandoned. The outcomes produced with this approach were remarkable; a reduction in hospitalization (61 percent), a reduction of episodes, and a reduction of days in the hospital (63 percent); reduction of incarceration (71.64 percent), reduction in the number of episodes for incarceration reduced by half, and reduction of days (75 percent).

Questions:

Can you define re-alignment? Mr. Van Horn said re-alignment is like what happened in 1991 when Governor Wilson decided he wanted to get some money out from Prop 98, and $2.5 billion

was taken out of the general fund and put in the re-alignment trust for mental health and some pieces of health service and in-home support services which became the basic funding for community mental health.

Outreach is an indispensable part of integrated services, so what are the AB 2034 models around outreach, and which ones involve law enforcement and in which way, and who pays for the law enforcement officers in those instances where there is the collaboration? Mr. Van Horn explained that there are three different types of outreach. One outreach sends teams of people from programs straight onto the street to search out people who are homeless and mentally ill before they ever engage law enforcement. The second outreach is where people actually go into the jails and help bring people out when it is time for release and move them straight from jail into a program. The third outreach is one used in Long Beach, where the Psychiatric Emergency Review Teams work with the Long Beach Mental Evaluation Team.

With the dramatic reduction in the number of incarcerations, has anyone figured out what the dollar amount in savings is? Mr. Van Horn said an incarceration is approximately $200 a day, so the savings is big.

In talking about jails it would apply to adults, but are there any percentages or numbers on children? Mr. Van Horn said children may be covered in the next presentation.

Dr. Ann Sasaki-Madigan
Dr. Sasaki-Madigan explained that the report she is providing today is about the collaboration with the San Diego County Sheriffs and Police Departments on their Psychiatric Emergency Response Team. In 2001 the San Diego Law Enforcement community formed a task force consisting of 66 officers and 71 community members to talk about the use of force. One of the main recommendations that came out of this task force was the PERT (Psychiatric Emergency Response Team) and also the Homeless Outreach Team. The crisis teams consist of law enforcement officers and clinicians that work together to provide a crisis response as a first responder and also as an alternative to jail or incarceration for the seriously mental ill in the community. This does include children, youth in transition, adult and older adults.

A law enforcement officer is paired with a mental health clinician. There is also a unit that is comprised of a registered nurse, a licensed clinical social worker or a psychologist. The HOT team is a mobile outreach team that is targeted to reach transient individuals with this same type of format. A forensic psychiatrist provides yearly, monthly and weekly seminar training to the police department and the law enforcement agencies. The PERT Academy is followed by a monthly training day.

In the first year of operation, compared to routine calls, only one percent of PERT calls resulted in incarceration for the mentally ill. Unfortunately, due to budgetary constraints, PERT has been unable to provide 24-hour crises intervention services in eight different divisions of San Diego County Police Department and during critical times the entire northern area of the San Diego County is not covered. Communication and collaboration has provided an alternative to incarceration for law enforcement officers responding to calls and working with the mentally ill.

<u>Questions:</u>

With PERT's effectiveness, and then with budget reductions, why were decisions made to have the staffing during non-critical times as opposed to the critical times? Dr. Sasaki-Madigan said she doesn't know if the decision was purposely made, but it has to do with officer rotation. This

is voluntary for officers and so it has a lot to do with the shift coverage and the fact that the San Diego Police Department are 240 officers short. In addition, the clinician's come from agencies and they are only provided until 4:00 p.m. She offered to look into why there is not coverage during critical hours and get an answer back to the Commission.

Are there any programs that not only collaborate with DMA's providers, but also with family-run organizations, consumers, parents, caregivers, and family members? Dr. Sasaki-Madigan said in developing these teams there were 70 community members that involved family members, consumers and different agencies. There is also the COP program in many different neighborhoods where the police and the sheriff's departments went into the community and held monthly meetings to find out what the issues were and how they should be addressed.

Has San Diego County put in their proposal for community services, and if so, does any aspect of the proposal relate to PERT teams? Dr. Sasaki-Madigan said that this will be addressed in the second phase of funding

Question: "Portions of their requests in the future might address this issue of the PERTS, and when I say this issue, I want to make sure I'm clear. We had a PERT program that covered 24-7. It was cut back, whether it was budget or whatever it was, it was cut back. So if it comes back around again in a year, and they want funds to pull it back up to full steam, we have an issue that I don't think we've addressed enough as a Commission, which is a supputation question where counties having reduced budgets and then coming back around under (?) funds. And that's why I raised the question because I want us to really keep track of that.

Chair Steinberg said these questions address a big picture issue that should be part of the framing and it doesn't have to be answered now, but from the law enforcement end the Commission needs to understand if these innovations are being paid for out of the city or county general fund and public safety budget, and if not, why not?

These collaborations between law enforcement and mental health save the county a lot of money, both in their hospital settings and their jail settings. When budgets get tight, why do you cut the thing that is going to save you money? Dr. Sasaki-Madigan said she wanted to make it clear that there was never 24 hour PERT coverage in the County.

In San Diego the Police officers and the Sheriff's are paid for by the City or the County, is that correct? Dr. Sasaki-Madigan said the city pays for the police officers and the county budget pays for the deputies from the Sheriff's Department.

Dr. Sasaki-Madigan presented the Serial Inebriate Program (SIP). The SIP team is a nationally recognized program and will be duplicated in 12 cities across the United States. These are chronic inebriates and 90 percent of them are homeless and 42 percent come into this program with a dual diagnosis. The Serial Inebriate Program works with the San Diego PD HOT team and they outreach to the chronically homeless individuals. Law enforcement is usually the point of entry and the program is a court based access. The goals are to stop and slow down the revolving door, to provide treatment to this population and increase their quality of life. As a result of this program in the City of San Diego for fiscal year 2002-2003 showed that individual arrests were down 12 percent, total arrests were down by 33 percent and the arrests per person was down 25 percent.

Dr. Sasaki-Madigan provided a presentation on the Breaking Cycles Program, a juvenile probation program. Youths enter the program through the criminal justice system. Program

goals are to enhance community safety, prevent and reduce juvenile crime, break the cycle of substance abuse and violence and promote family self sufficiency.

Dr. Nancy Pena, Santa Clara County Director
The question regarding what consumers need in situations that involve law enforcement, is number one, safety, help and support. They want a de-escalation of the immediate crisis at hand that presents any kind of harm to anyone and accomplished in a respectful and humane way where the attitude is one of "we are here to help". The community feels it is essential that the language diversity and cultural diversity must be understood by law enforcement in particular. It is desired that law enforcement professionals who are responding in the community have an understanding of what mental illness and substance abuse is; how it is experienced and how it is perceived. They also want the opportunity to provide crucial information regarding the circumstances that led to the engagement of police and the opportunity to be involved in decisions and next steps once the immediate situation is handled. They also want to know how to immediately get access to mental health services when they are needed, as well as the facilitation of that access. Consumers and family members want to know their law enforcement partners and establish a relationship to reinforce trust.

What are the needs of law enforcement when they are in situations that involve consumers and families? Dr. Pena said this is what she heard from the consumers: 1) Knowledge – provide them with more tools and more information to learn what mental health is, what mental illness is, what substance abuse is and to consult with them when they need to understand a situation. 2) Provide an opportunity to gain immediate information regarding circumstances surrounding an incident. 3) Immediate access for expertise and response once the police job is finished, and a counseling, mental health or social service job takes over so follow-up can be handled.

What is the role of law enforcement and transformation? What we learned is that law enforcement, along with its partners, needs to establish and maintain formal and informal partnerships and relationships with mental health system leaders and other partners and mental health stakeholders to establish collaborative agreements regarding interface, shared training, consultation, collaborative projects particularly in the area of crisis and emergency response. Most of these models are paid for by collaborative donation of resources.

The mental health directors feel the spirit and intent of MHSA is to improve the public health system through the expansion of recovery oriented mental health services and support must be the guiding decisions that are made. Dr. Pena referred the Commission to the letter that DMH sent to the Attorney General with the question regarding the drug treatment course and cost. The driving principle is that the Mental Health Services Act has to be honored. While the Mental Health Services Act encourages collaborative strategies involving system partners that improve outcomes for those who are involved in criminal justice and other systems, for example education, social services, the courts, the jails, it is not intended to fund, supplant, or expand positions that are fulfilling basic core functions and responsibilities of those systems. Even when individuals being served by those systems have significant mental health needs, for example, special education, children, youth in juvenile halls, foster care placements, treatment courts and public guardians, however services provided by these disciplines may be funded through MHSA when the role and function they perform is essentially and primarily designed to be a mental health service and the individual is properly qualified and supervised.

The discerning factor then, is whether the role of the MHSA funded position has taken on the primary and constant function of a mental health intervener in design, qualifications, and activities, so that all involved, consumer, family, community members and other system

disciplines have a clear understanding of the formal roles that play in any social situation. This is essential to the social contract that we have with our communities.

The clarity of the role is particularly crucial in crisis and emergency situations where there is police involvement and where there are people who may be emotionally distraught and where antecedent circumstances may be unknown and presenting a potential risk to anyone involved. Not to establish this clarity and primacy of roles, runs the risk of causing consumer confusion and community confusion by blurring the legal and professional authorities Everything that protects what mental health professionals do is very different from the parameters that govern what law enforcement personnel does. Any proposal that seeks to fund positions in other systems through MHSA must pass a rigorous test that clearly establishes the primacy and constancy, the legal dictates, and the public visibility of the mental health role. The consumer needs to know who they are interfacing with.

Sally Zinman
Sally Zinman said she is happy for the network to be able to present to the Oversight and Accountability Commission its vision of the Mental Health Services Act. When the mental health system is transformed the criminal justice system and law enforcement will be minimally involved. Right now they are the default answer because there have been huge gaps of mental health services, and her vision of a transformative health system is that as all the services and supports are in place there will be less crises and less use of police. She also believes that ultimately transformation means the transforming or moving from a system based on force, crisis and fear to one that is based on the self-directed voluntary community services

The network's position is informed by a specific vision, mission and values, as well as by the mission of the Mental Health Services Act. There are clear defined values. (1) That there is a choice in self-determination and treatment. (2) The need for mental health services that do no harm and protect and respect the rights of mental health clients. (3) The need for social and rehabilitative community mental health services that address the real life needs of persons with psychiatric disabilities. (4) Affordable housing, income supports, jobs, friendships, substance abuse issues. (5) The need for client-run peer programs and mutual support groups. (6) The need to end stereo-typing, and discrimination of people with psychiatric disabilities. (7) The need for client involvement in all decision-making of the mental health system.

Based on the above principles, the network is opposed to Mental Health Services Act funds for Psychiatric Emergency Response Teams, and for crisis mobile teams because the Mental Health Services Act is about bringing services and support to the community to avoid crises and so as you fund these teams you will be taking them away from the community services and supports that will prevent the crisis. Secondly, mobile crisis teams that have police officers who have 5150 powers leads to forced treatment, either by incarceration or to hospitals and the Mental Health Services Act leads away from hospitalization.

The network believes that the most effective crisis teams are composed entirely of clients, or clients and family members, or clinicians and the teams should not have involuntary commitment powers. No Mental Health Act funding should go to the police functions for the crisis mobile teams or PERT teams. Ms. Zinman said she thought that the Department of Mental Health clearly stated that costs for the law enforcement officers themselves are not allowable costs, and are usually paid for by the law enforcement jurisdiction consistent with their existing responsibilities. It would be a disaster for the State of California to allow the funding of police functions for the Sacramento plan because it would set a precedent across the state. Secondly, in speaking with consumers regarding PERT programs and other collaborative mental health and

law enforcement programs, they did not feel that they had been substantially involved in any part of the programs.

The network believes that there are transformational approaches that they would like people to think about. In San Francisco there's a Progress Foundation that has many transitional housing programs that are voluntary for people in crisis. In New Hampshire, there is a program called Stepping Stone Peer Support in Crisis Respite Center that uses trauma informed support for people around the clock who are in crisis. These are important innovative transformational possibilities.

The network supports training and education of law enforcement. A web page from the City of Memphis Crisis Intervention Team, which is a model of law enforcement education, was sited.

Ralph Nelson
Mr. Nelson said he was asked to comment on the first, second and fourth bullets and his comments follow:

- When there is a crisis in the family home or the community and the police are called, the most urgent need at the moment is for the police officer to be properly trained and understand the volatility and implications of an emergency caused by the exacerbation of symptoms of a person with mental illness. The best training for law enforcement officers is Crisis Intervention Training (CIT).
- If two officers are arriving at a residence it is important that one officer speak with the consumer and the other officer speak with the family member or caregiver. This helps to calm both parties, and it is important that the officers are comfortable speaking with persons who are mentally ill and possibly psychotic. Excellent negotiation skills, as well as compassion and experience are essential for good outcomes. Officers should know what community resources are available to support a person in crisis, as well as resources for family members.
- A rapid response by the police to emergency calls can prevent tragedies from happening.
- The consumer needs the police officer to understand the mentally ill person's needs and to de-escalate the situation. Family members and consumers would benefit from follow-up procedures, such as some type of collaborative case review committee. A review by a county committee of each police officer's contact with individuals who are mentally ill and/or family members when crises, complaints, or suggestions are received by the law enforcement should be a standard procedure.
- The Case Review Committee is an educational tool for the first-line responders. Consumers and family members should have a compassionate and friendly officer in the Department that they can speak to at any time, even when a crisis is not in progress.
- The Chair of the Board of Supervisors, the Mayor, and the Police Chief need to be familiar with NAMI and its members, as well as the consumers who are advocating changes in order to get first-line officer buy-in.
- Transformation – Since law enforcement, in many instances, is the first contact of a mentally ill person with community services, a compassionate, and knowledgeable and support response is necessary. If a neutral or positive impression of law enforcement by consumers and family members is established then the transformation will occur. This transformation can only be achieved by the collaboration of law enforcement with community service.

- The guiding principles – the MHSA fund should only benefit the consumers. Only mental health services should be considered. Services that police officers do routinely, as described in their job description, should not be considered. Training for officers, such as CIT, should be permitted. Under no circumstances should supplementation be permitted. If the OAC decides to pay any salaries for police officers, the salary should be placed in the innovative program portion of the MHSA so that extra scrutiny can be utilized to examine the initial plan and the outcomes before being accepted into the CSS portion of the plan. If any MHSA funding is to be allowed for mental health services performed by law enforcement (a) there must be a strict definition as to the functions and duties that qualify as mental health services and (b) funding must be limited to the amount of time spent performing such services.

Al Najera, Chief of Police City of Sacramento
Chief Najera thanked the Commission for giving him the time to speak today. He said all police departments need to work with their communities. Ultimately, this is not about money, but about relationships. He said law enforcement agencies like his, that have no organized Psychiatric Emergency Response Teams are ineffective in dealing with the consumer because officers are not equipped. Officers in general have a great intent to help and do the right thing, but when we do not provide them with the appropriate resources we fail them and the community in our mission.

Chief Najera said most of the current dealings with consumers start with a 911 calls. The officers that he intends to put into the plan will be working full time for PERT and 100 percent of their time will be devoted to this program. He said he anticipates that he will be doing follow-ups and accepting referrals from many community based organizations, government agencies, and other law enforcement agencies in this county that are not able to participate in this PERT team. They will not be first responders. They will be doing follow-up and working from referrals from the first responders. Chief Najera said that it is important to have programs available in multiple languages.

Consumers have to be an integral part of the implementation program planning. Chief Najera said he hopes he can have better interaction between law enforcement and mental health providers and increase the social support. He hopes to eliminate, as much as possible the isolation, stigma and discrimination that currently goes on in our systems for the consumer. Whatever it is that can provide these outcomes is where we need to go and law enforcement is going to need help getting there because law enforcement doesn't have these answers but mental health professionals and consumers do.

Chair Steinberg asked if there is a specific PERT program that Chief Najera is envisioning. Will the officers working solely for PERT be identified as regular police officers or do they have a special identification as a mental officer. Chief Najera said he envisions the officers will wear a uniform; however he does not envision a marked car. There will be a close working relationship between the officer and the clinician and they will serve a dual role in terms of providing training for officers along the lines of the CIT model. He believes he can grow a CIT model from the PERT teams. He does not have a concrete plan yet, but does have concepts.

<u>Questions:</u>

If the salaried police officer is going to be paid, what are the specific mental health services that the officer will provide to the individual they go out to? Chief Najera said the officer will be working directly with, and under a plan developed by mental health professionals and consumers.

Roundtable Discussion:

Chair Steinberg introduced Susan Sherry who will be facilitating the roundtable discussion. Susan is from California State University Sacramento and she helps groups come to consensus around difficult issues.

Ms. Sherry explained that at the Commission's retreat, decriminalization came as one of the top priorities of the Commission among 12 priorities, and when talking about prevention it was identified as the priority 6. As she heard discussions today she noticed that the needs of consumers and the needs of law enforcement are amazingly the same in terms of crises situations.

Today's roundtable should include the clarity of the role of the police and why these collaboratives are under funded, and the justification of who pays in the context of a finite amount of money.

She heard in the discussions earlier that there seems to be three models. There's a model where police and Commission teams respond to the crisis either as first or second respondents and this is called the PERT Team (Psychiatric Emergency Response Teams); one in San Diego and one proposed for Sacramento.

In the San Diego model the Commission is funded by the local Department of Mental Health, the police are funded by Law Enforcement. Then there is the training model, which comes out of San Jose and originally out of Memphis, and that's where you have very intense mental health and crisis intervention training for law enforcement. In the San Jose model the local law enforcement pays for the attendance by the police personnel, and the clinicians are paid for by the local Department of Health, and the consumers and family members who are trainers are volunteers.

The third model is the Preventive Outreach and Jail In-reach and is pursuant to AB2034 so many counties out of the 31 counties have these programs. This is where the street workers go to the homeless and try to prevent any kind of incarceration by preventive intervention. In addition, these workers go into the jail after someone has been incarcerated to see if they can get them out and into services.

Ms. Sherry said since the above models will be referred to throughout the discussion are there any changes? It was noted that the PERT model is also called the MET model (Mental Evaluation Team) and the L.A.P.D. is called SMART, and they are all basically the same model. Also, the CIT (Crisis Intervention Team) is not just a training model, this is a stakeholder model. The stakeholders are the families and consumers directly involved in building this as a community effort. Also in Memphis there is the MED which is an outpatient unit that is a crisis resolution unit detached from the emergency room hospital to provide a very quick turnaround time. So this model provides training, appropriate alternatives and a community baseline.

It was also noted that the police officers in the Memphis model are trained and certified and they are on the roster in terms of who is on duty. Those officers are called by their fellow officers if they are in a situation where they want a police response by a trained police officer. There is access to alternative things, but in the course of police response there is the ability to draw upon colleagues who have specialized training in working with mentally ill. The cost of this is in-kind time off-line of both police staff and mental health staff. So the main impediment to force-wide training is the cost of taking all the police for one week off-site.

Commissioner Diaz said she has not heard anything about children or TAY issues today and she has a concern about trying to fit children with the adults. She asked children will be a topic to discuss over the next day and a half. Ms. Sherry said she will put this on the list as a key topic for discussion. Chair Steinberg suggested that the Commission deal with adults today and then a separate session will be held for children's issues.

Dr. Sasaki-Madigan pointed out, that in crises where the law enforcement is called, it is her understanding from what she heard today that law enforcement positions themselves should have consideration not to be funded, but to look at and decide what duties that they perform are actually mental health duties. Law enforcement officers themselves should not be funded if they are not doing mental health duties and then the question comes, "should law enforcement officers be providing mental health services". The positions that are currently funded are funded by the law enforcement agency themselves. If professional mental health clinicians work for the Department, should those positions be funded? Ms. Sherry asked if police officers then trained to do mental health functions should not be funded through mental health monies.

Ms. Wynne said this Commission is responsible to make sure there is accountability on how mental health services dollars are spent. The Act is very clear in stipulating that it is not for mental health duties, but for mental health services. So how do you fund law enforcement personnel with mental health services dollars?

Commissioner Diaz said she also agrees that the Act itself states very clearly that funding is for mental health services. If police officers need to get paid then police need to pay them and the money needs to go to the services of the families and consumers.

Chair Steinberg said there is another question to consider. If there is a consensus that both the CIT and the PERT model are potentially effective, and there may not be complete consensus but he is assuming this for the sake of the discussion, and MHSA does not contribute to any part of the law enforcement of the PERT team, then do the PERT teams get funded and do they happen? And if they don't happen, then what is the loss and where does it fit in with the relative priorities of all the other needs out there and that we need to fund?

Ms. Sherry said maybe the other question is why don't we have PERT teams in every community now? Chair Steinberg said why weren't they funded prior to the MHSA if they are such an effective tool? Chief Najera said City Police Departments are not funded for social services. The City of Sacramento is uniquely sensitive to issues where there is a huge need for social services, whether it's homelessness, juvenile crime, foster children, runaways, truants, all of these areas that directly and heavily impact law enforcement. Cities do not get one dollar to deal with these issues. He stated that, frankly, if it doesn't get funding there will be no PERT.

Dr. Sasaki-Madigan said each county is different and she can't speak to every county, but in San Diego County there is some funding provided through the Department of Mental Health for clinicians, but there is no funding provided to the Sheriff's Department for social services. Social services and the Sheriff's Department are paid through the inmate welfare fund, which is solely generated through the telephone contract and the commissary jail stores. So the programs are all self-funded.

Commissioner Doyle said he believes this comes down to priorities at a county level in terms of whether the Police and Sheriff Departments decide to fund PERT teams. There are many PERT

teams in California, and to the best of his knowledge, the law officers are always paid for by law enforcement.

Chair Steinberg noted that it would be helpful for the Commission to understand how the law enforcement and the PERT teams are funded throughout California. He asked if there are PERT teams that are funded by the city or county general fund. It was clarified that there are no PERT teams in California that are funded by the city or county general fund. Chair Steinberg said that this then comes down, in terms of the policy making role, as to whether or not the Commission would want to define and mandate priorities, depending whether or not legally the initiative would allow this.

Dr. Sasaki-Madigan clarified the inmate welfare fund and stated that the Penal Code and Title 15 and 24 designate that it can only be used for services for individuals incarcerated. It is not used for any law enforcement services out in the field.

Commissioner Poat said clearly the legal threshold is the first thing to consider. The fact is that a number of people are walking into "our" system through the public safety door and we have to improve that door. He said he agrees that we need to transition to a better way but we have to honor reality and deal with this.

Commissioner Lee said it would seem that if there is an opportunity to do something, it would be that the first responder who responds to a situation would assess whether it is a mental health need, and then if it is he could make one call to a mental health expert. This would relieve the first responder from doing anything other than making an assessment and would put the responsibility on the trained individual. He said that can be funded.

Ms. Sherry said in order to bridge into tomorrow's discussion she would like to summarize.

1. Regardless of who pays, there is agreement in the room as far as the needs of a consumer and law enforcement in the middle of a crisis.
2. There is agreement that it would be optimal if every police person could be trained throughout the state.
3. Desperately in need of alternatives to jails or hospitals.

Commissioner Lee pointed out that in every instance that has been talked about today, the law enforcement officer has relied on the services of a mental health expert to do the work, and if we had those people available the law enforcement officers wouldn't feel the burden they have now. Chair Steinberg said he agrees, but the logistical issue that was raised by the Chief is that the officer has to leave the scene faster than the clinician can get there. Commissioner Lee said suppose you didn't have to worry about this and the law enforcement can say I need help, and within a few minutes that person is there to help them.

Chair Steinberg said today's meeting has been very valuable and tomorrow the Commission will hear from the public. He said that a process has begun requesting an opinion from the Attorney General on the legalities of law enforcement funding. The Commission will ask the Attorney General to perform an exhaustive analysis and compare the factual situations that have been heard today with the mental health courts.

If this analysis does not give the Commission a definitive answer, Chair Steinberg suggested looking at the following principles: (1) Everything the Commission does must be measured by outcomes and whatever it funds in any context, the program outcomes must lead to diversion from institutionalization and increase access to mental health services and supports offered in the

community. (2) Mental health law enforcement collaborative programs must be designed within the context of broader county mental health service plans to ensure that they are not relied on as the first point of access. (3) One hundred percent of MHSA funding is for mental health services within mental health law enforcement collaborative programs. (4) Mental health law enforcement collaborative programs must demonstrate cost effectiveness within the context of county mental health service spending. (5) The funding of mental health collaborative programs cannot supplant existing state or county funding of services offered through the collaborative. (6) MHSA funding cannot replace that which is statutorily mandated. (7) There needs to be some policy and definition on clarity of roles.

The meeting was adjourned.